



# MARINE CRAFT INSURANCE RISK EVALUATION

Please provide an answer to each question with comments.  
Where question does not apply to vessel write N/A.  
If additional information necessary please attach separate sheet.

OWNER: \_\_\_\_\_ POLICY/QUOTATION NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SLIPPING DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 TELEPHONE NO: \_\_\_\_\_ INSPECTED AT: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ VESSEL NAME: \_\_\_\_\_  
 HIN/REGISTRATION/SAIL NO.: \_\_\_\_\_ AFLOAT  SLIPPED   
 BUILDER: \_\_\_\_\_ DESIGN: \_\_\_\_\_ RIG: \_\_\_\_\_  
 DATE LAUNCHED: \_\_\_\_\_ LOA: \_\_\_\_\_  
 CONSTRUCTION MATERIAL - HULL: \_\_\_\_\_ DECK: \_\_\_\_\_ KEEL: \_\_\_\_\_

## HULL CONSTRUCTION/CONDITION

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Keel			
Keelbolts			
Surface U/W			
Surface A/W			
Deck			
Cockpit			
Coach-house			
Frames			
Stringers			
Bulkheads			
Cabin/Interior			
Marine Toilet			
Seacocks			
Skin Fittings			
Cockpit Drains			
Propeller			
Propeller Shaft			
Propeller Skeg			

### HULL CONSTRUCTION/CONDITION (cont'd)

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Stern gland			
Rudder			
Rudder Mounts			
Rudder Stock/Gland			
Steering Linkages			
Auxiliary Steering			
Chain Plates			
Stemhead Fitting			

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MOTOR INSTALLATION/CONDITION

PETROL:     DIESEL:     INBOARD:     OUTBOARD:     STERN DRIVE:     JET:   
 BRAND: \_\_\_\_\_    MODEL No.: \_\_\_\_\_    SERIAL No.: \_\_\_\_\_    H.P.: \_\_\_\_\_    AGE: \_\_\_\_\_

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Installation			
Controls			
Exhaust			
Fuel Lines/Fittings			
Fuel Tanks			
Filler			
Venting			
Connection & Lines			
Electrical Harness			
Electrical Fitting			
Stove			
Gas Bottles			Inc. Gas Compliance Plate No.: _____
Connections & Lines			
Position			
Venting			
Gas Detector			
Batteries			
Mounting			
Bilge Pump - Manual			
- Electrical			

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# MAST, SPARS, RIGGING AND SAILS

MAST MATERIAL:      ALUMINIUM       TIMBER       CARBON       OTHER: \_\_\_\_\_

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Mast/s	<input type="checkbox"/>	<input type="checkbox"/>	TYPE: MASTHEAD: <input type="checkbox"/> FRACTIONAL: <input type="checkbox"/> HOW OLD: _____      WHEN LAST SERVICED: _____

Mast Step	<input type="checkbox"/>	<input type="checkbox"/>	
Boom/s	<input type="checkbox"/>	<input type="checkbox"/>	
Spin. Pole/Jockey Pole	<input type="checkbox"/>	<input type="checkbox"/>	
Rigging	<input type="checkbox"/>	<input type="checkbox"/>	ROD <input style="width: 40px;" type="text"/> WIRE <input style="width: 40px;" type="text"/> AGE <input style="width: 40px;" type="text"/>
Spreaders	<input type="checkbox"/>	<input type="checkbox"/>	No. of <input style="width: 40px;" type="text"/> INLINE <input style="width: 40px;" type="text"/> SWEPT BACK <input style="width: 40px;" type="text"/>
Base Attachments	<input type="checkbox"/>	<input type="checkbox"/>	
Chain Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulics	<input type="checkbox"/>	<input type="checkbox"/>	

Sail Inventory: \_\_\_\_\_

Sail Age: \_\_\_\_\_

Sail Conditions: \_\_\_\_\_

Date Mast &/or Rigging last serviced & by whom: \_\_\_\_\_

## SAFETY EQUIPMENT

	ACCEPT	NON ACCEPT	COMMENTS/DETAILS/DESCRIPTION
Anchor & Warp	<input type="checkbox"/>	<input type="checkbox"/>	
Flares	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
Spot Light	<input type="checkbox"/>	<input type="checkbox"/>	
Lifejackets	<input type="checkbox"/>	<input type="checkbox"/>	
Navigation Lights	<input type="checkbox"/>	<input type="checkbox"/>	
Life Raft	<input type="checkbox"/>	<input type="checkbox"/>	
Pulpits	<input type="checkbox"/>	<input type="checkbox"/>	
Pushpits	<input type="checkbox"/>	<input type="checkbox"/>	
Staunchions/Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

